

## STATE OF ARKANSAS DEPARTMENT OF INSURANCE

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087 Phone: (501) 371-2600 or (800) 282-9134 | Fax: (501) 682-0575

E-Mail: AID.Prepaid@arkansas.gov

Website: <a href="https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/">https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/</a>

## ASSIGNMENT AND ACCEPTANCE OF PREPAID FUNERAL BENEFITS CONTRACTS AND TRUST FUNDS

good and valuable consideratio	n, the receipt of whic	eller"), in consideration of the sum of \$1.00 and other the is hereby acknowledged, does hereby transfer and
funeral benefits contracts, which assets in the amount of \$ does hereby transfer and assign	ch are listed in the att, which a all its interest in the is contracts listed in E	("Transferee") all the outstanding prepaid tached Exhibit "A" and the corresponding trust fund re listed in the attached Exhibit "B." Also, the Seller insurance and annuity policies given as consideration exhibit "A." The Transferee accepts this assignment eller under said contracts.
Entered into on this day	of	, 20
Seller (Transferor)		Purchaser (Transferee)
President/Owner		President/Owner
	SELLER - ACKN	OWLEDGMENT
	, who acknowledg , <b>SELLER</b> (Topurpose therein contain	, before me, a Notary Public, personally appeared ged himself/herself to be an authorized representative of <b>FRANSFEROR</b> ), and that he/she is authorized to execute led by signing the name of the permitted prepaid funeral
IN WITNESS WHEREOF I have	e hereunto set my hand	l and official seal.
		Notary Public
		Commission Expiration Date
	PURCHASER - ACE	KNOWLEDGMENT
	, who acknowledg	, before me, a Notary Public, personally appeared ged himself/herself to be an authorized representative of SER (TRANSFEREE), and that he/she is authorized to
	for the purpose therein	contained by signing the name of the permitted prepaid
IN WITNESS WHEREOF I have	e hereunto set my hanc	l and official seal.
		Notary Public
		Commission Expiration Date

Form AID-FI-F7 Rev. 04/2020